Setting the Stage, Turning the Page

The Ottawa Hospital
New Campus Series: Volume 1

21st-Century Engagement for a 21st-Century Health-Care Facility

A joint report by:

Middle Ground Policy Research Inc. and
PACE Public Affairs & Community Engagement

For The Ottawa Hospital

September 20, 2017

About the Authors

Dr. Don Lenihan, President
Middle Ground Policy Research Inc.

Don is an internationally recognized expert on public engagement, Open Government and democracy. He has over 25 years of experience in policy development through the use of public engagement processes, as a project leader, writer, speaker, senior government adviser, trainer and facilitator.

He has developed and led many research and consultation projects involving senior public servants, academics, elected officials, journalists and members of the private and third sectors from across the country. Recently, Don led an Expert Group process for the UN and the OECD on public engagement models to support the post-2015 UN agenda on sustainable development. He also recently served as Chair of the Open Government Engagement Team for the Government of Ontario.

He is the author of numerous articles, studies and books, and a regular columnist for National Newswatch. Don's most recent book, *Rescuing Policy: The Case for Public Engagement* is an introduction to the field of public engagement, as well as a blueprint for change, and a sustained argument for the need to rethink the public policy process. He earned his PhD in political theory from the University of Ottawa.

Grégoire Jodouin, LL.B., President
PACE Public Affairs & Community Engagement

Greg is a strategic communications and engagement expert. His strengths are in identifying and bringing together the relevant community stakeholders and partners needed to successfully move city-building initiatives and complex projects forward.

Fluent in both official languages, Greg has designed and executed a number of engagement processes at the local, provincial and national levels, and has extensive experience with municipal institutions in the National Capital Region.

As part of his most recent assignments, Greg helped develop and manage the community and stakeholder programs in support of The Ottawa Hospital's future campus and the new Ottawa Central Library Project. Prior to this, Greg helped develop and implement an engagement program with Algonquin Anishinabe communities and other First Nations groups, in support of the planning of the Zibi development, intended to be the world's most sustainable community. The indigenous relations program is being recognized as one of the most robust private-sector led programs in Eastern Canada and beyond.

CONTENTS

Executive Summary 1

Introduction 4

- The New Campus 4
- Objectives of the Report 5
- Research Methodology 5

The Context and Challenges Around TOH's Engagement 6

- Background on the New Campus – A Credibility Challenge 6
- Designing a 21st-Century Process 7
- Creating Resilience 8
- Complex Multi-Jurisdictional Decision Making 8

Analysis 10

- An Array of Viewpoints and Principles 10

Recommendations 13

- From Ad Hoc to Principled Engagement 13
- TOH Design for Deliberative Processes 13
- Engagement as a Core Competency of Institutional Planning 14
- A Demonstration Project 14

Components of TOH's Community Engagement Process 15

- Timelines and Scope of the Engagement Process 15
- The Issues 16
- Ontario Public Engagement Framework – A Principled Approach to Engagement 18

Proposed Engagement Process 20

- Launching the Dialogue: Phase I 20

Appendix A: List of Individuals and Organizations Interviewed 27

Appendix B: Proposed Principles for Development of the New Campus 29

Appendix C: The Canadian Open Dialogue Forum's Principles of Open Dialogue 35

EXECUTIVE SUMMARY

TOH'S VISION

The Ottawa Hospital's (TOH) vision for the future includes a new campus in the heart of the nation's capital that will deliver 21st-century health care to the communities it serves. The new campus will be one of the world's leading facilities, offering critical care services, life-saving medical research, and educational programs to promising students from around the globe.

The facility will be situated on 50 acres of prime federal land (commonly referred to as the "Sir John Carling site"), a portion of which is on Central Experimental Farm land. The site is designated as national interest and borders on some of Ottawa's most scenic spots. TOH has committed to preserving the natural beauty and other unique features of the site.

TIMELINES AND SCOPE OF THE ENGAGEMENT PROCESS

The new campus' planning process will follow a five-stage process, which will be supported by an engagement process based on this report.

While the overall development process involves all three levels of government, TOH is working with them on three separate tracks, which adds a layer of complexity to this project:

- The federal government on a land lease agreement.
- The provincial government to design the programs and services the campus will provide.
- The City of Ottawa on zoning and development of the site plan.

The issues to be considered in the campus' community engagement process fall mainly within the project's zoning and site planning, and encompass a variety of land planning matters such as parking, transportation, the preservation of greenspace, and the protection of the site's heritage features. For the most part, these matters fall under the municipal planning and approvals process.

The fact that the site in question belongs to the federal government triggers a number of considerations related to the land's national interest designation, and makes this project unique from the majority of health-care initiatives in the province. As such, the campus' design will be held to a higher standard than a typical hospital development, and subject to a number of design conditions.

Issues regarding the programs and services within the new facility will be dealt with as part of the provincial Capital Planning process, which is the subject of a separate engagement process.

A PRINCIPLED APPROACH TO ENGAGEMENT

Research for this report suggests that stakeholders and community members want to be involved in the new campus design and site planning process. They have concerns they want aired and addressed, but they also believe they can make significant and constructive contributions to the overall discussion.

Past efforts at site selection for the new campus have underlined the need for a new approach to public consultation. The tumultuous history of the process has raised questions about what kind of role community organizations will play in the process. This is a serious challenge for TOH.

TOH's vision of a 21st-century health-care facility that is deeply integrated in its community will not be achieved by traditional methods of soliciting public input or meeting statutory requirements for public consultation. A more robust approach is needed. TOH has therefore adopted the Ontario Public Engagement Framework[1] (OPEF) as the starting point for its approach.

This report is the result of a three-month research initiative and is a precursor to the actual consultations. It combines OPEF with a range of other principles that reflect the history of the region and the vision of the new campus. TOH will use the approach in this report to develop a comprehensive, multi-phased, multi-year engagement process that will foster a searching discussion on the nature of a 21st-century health-care facility. The process will be responsive to community concerns, transparent in its decision making, and clear in its design and objectives.

BUILDING COMMUNITY OWNERSHIP

There is general support for a new campus in the core of Ottawa, but little understanding of what a 21st-century health-care facility implies. Twentieth-century hospitals often adversely affected surrounding neighbourhoods; similar concerns have been raised about the new campus, such as that it will add density and traffic, take away parks and greenspace, and degrade the national historic site.

The people and stakeholders in the process will have different and sometimes conflicting views on how to address these concerns without compromising the goals of the hospital. While such conflicts create tensions, they are not irreconcilable.

A key finding in this report is that conflicting views like these can be aligned under the overarching vision of a 21st-century health-care facility that is fully integrated with the community.

Success requires a 21st-century approach to engagement – one that relies on principles and deliberation to help participants work through difficult issues and find mutually agreeable solutions, mitigation measures, and/or compromises. The approach aims to find win-win rather than win-lose solutions.

The idea of a **shared narrative** is key. TOH's engagement process will work with the community and patients and their families to construct a shared story or narrative that articulates the 21st-century campus vision in a way that recognizes and aligns different interests. This gives everyone a stake in working together. This narrative will then guide the participants' search for solutions that complement and enhance, rather than disrupt, the quality of life around the new facility.

Such a narrative thus creates a sense of shared purpose. It moves consultation beyond the shallower goal of getting community **buy-in** and transforms it into a dialogue that builds a sense of community **ownership** of the grounds and the new facility.

Community ownership, in turn, creates **resilience** – a collective will to face and resolve the challenges such an initiative raises, and to see the project through to completion.

[1] www.ontario.ca/page/public-engagement

CORNERSTONES OF THE PROCESS

1. FROM AD HOC TO PRINCIPLED ENGAGEMENT: Many traditional consultation processes look ad hoc, that is, when a process is launched, how it is designed, who is involved, how decisions are made, and how they are explained to the community, varies from process to process. The rationale for these differences is often less than clear. Ad hoc processes usually provide no reliable way to call decision makers to account. This lack of clarity creates uncertainty and invites manipulation.

   This report proposes a *principled approach* to engagement that provides greater clarity and consistency in the design and execution of engagement processes. To this end, TOH will adopt the Ontario Public Engagement Framework as the basis for its engagement approach. The process will also serve as a demonstration project to define and test a new model for future large-scale community development projects.

2. COMMUNITY OWNERSHIP REQUIRES REAL DELIBERATION: In traditional consultation, decision makers first listen to the public's views, then retreat behind closed doors to deliberate over what they have heard. If the issues are not too complex, this can work well and when the decision makers re-emerge they can often provide a cogent explanation for their decisions. However, many issues in the TOH process are values-based (such as parking) and would fail such a test because trade-offs and compromises over values like these are much more subjective. Having officials make them behind closed doors and then publicly announce them simply creates winners and losers.

   People and organizations with a big stake in issues are far more likely to accept a common solution if they have had a role in finding it. The proposed engagement approach is designed to resolve these value conflicts – or, at least, to manage them more fairly – by giving people a meaningful role in making the trade-offs. For this, the process must be designed to find a win-win scenario, rather than pitting participants against one another in a winner-take-all contest. This requires genuine dialogue. Participants must listen to one another's views, arguments, and aspirations and they must treat them with respect. Such a process thus creates a sense of public ownership of the decisions and thereby avoids charges of "top-down" decision making.

DESIRED OUTCOMES AND SUCCESS FACTORS

The way forward on campus design is to reach for win-win solutions. The "multiple viewpoint" challenge can be overcome through an engagement process that provides the structure and support participants need to work through issues together and arrive at decisions that treat one another's interests fairly.

The approach outlined in this report can achieve this goal. It is especially well suited to a 21st-century health-care facility, given its clear emphasis on community integration. As for the Sir John Carling site, its remarkable assets, including its size, the greenspace and beauty of the landscape, and the scenic location, provide an impressive canvas on which to fashion imaginative but effective solutions to the design issues facing TOH and the communities it serves.

At the end of TOH's engagement process, a strong community narrative will emerge that reflects participants' discussions and expectations and creates a sense of ownership. Participants — from the community, patients and their families, businesses, health-care practitioners, etc. — should have agreed on the vision, defined a list of design principles that will guide decision making, identified the issues to be addressed, and, collectively, done some creative thinking to find mutually agreeable solutions to them.

INTRODUCTION

THE NEW CAMPUS

The Ottawa Hospital's (TOH) vision for the future includes a new campus in the heart of the nation's capital that will deliver 21st-century health care to the communities it serves. The campus represents the single largest investment in health care in the history of the National Capital Region. It will be one of the world's leading facilities, offering critical care services, life-saving medical research, and educational programs to promising students from around the globe.

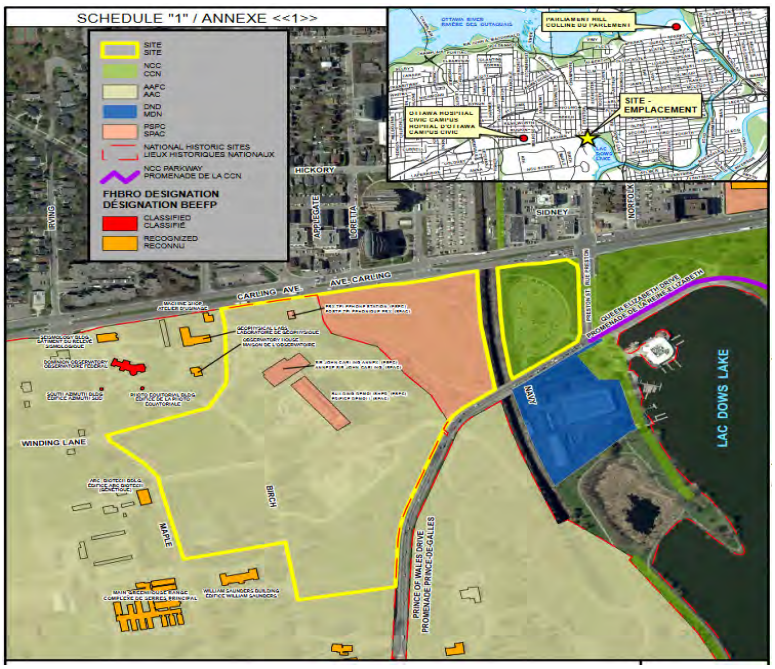
As with other major G8 cities, the new campus' state-of-the-art facilities and reputation as a practice leader will continue to attract world-class researchers and spawn new business opportunities, making it a critical piece of city-building infrastructure for the future.

The new facility will replace the existing Civic Campus, which houses the region's only trauma centre. Through a range of speciality programs, such as cardiac, neurosurgery, and stroke and vascular surgery, the Civic cares for patients with some of the most severe illnesses and injuries in the region.

The site for the new campus will be as impressive as its services. The facility will be situated on 50 acres of prime federal land (commonly referred to as the "Sir John Carling site"), a portion of which is on Central Experimental Farm land. The land in question is of national interest and borders on some of Ottawa's most scenic spots.

The federal government has already stated that the site's design and development must enhance and protect nearby capital landscapes, including the remainder of the Central Experimental Farm lands, Dow's Lake and the Rideau Canal (a UNESCO World Heritage Site), Commissioners Park (commonly known as Queen Juliana Park), and the Prince of Wales scenic drive.

Arial view of the 'Sir John Carling' site (Source: National Capital Commission)



To help realize these goals, TOH will develop a comprehensive, multi-phased, multi-year engagement program to support planning, design, and development of the new campus. The program will be responsive to community concerns, transparent in its decision making, and clear in its design and objectives.

OBJECTIVES OF THE REPORT

If engagement has a high priority, it is partly because past efforts at site selection for the new campus (see below) have underlined the need for public consultation – and, indeed, for a *principled approach* to consultation. This report defines such an approach. It sets out a framework of principles and a roadmap to guide development of an engagement program that will:

- Foster a searching discussion on the nature of a 21st-century health-care facility.
- Develop a story or "narrative" that articulates how the new campus can be integrated with the community in ways that complement and enhance, rather than disrupt, the quality of life.
- Meet – and exceed – reasonable expectations for meaningful engagement on the site's design.
- Support effective decision making related to the campus' planning, design, and development.
- Build a sense of community ownership of the plan and the new facility.

Objectives like these will not be achieved by traditional methods of soliciting public input or simply meeting statutory requirements for public consultation. A more robust approach is needed. TOH has therefore adopted the Ontario Public Engagement Framework[2] (OPEF) as the starting point for its approach.

OPEF was developed by the Government of Ontario to ensure its engagement processes are meaningful, inclusive, transparent, and effective. This report combines OPEF with a range of other principles that reflect the history of the region and the vision of the new campus.

The engagement process for the new campus uses these principles to help community and other stakeholders find win-win solutions to complex issues. The report concludes with a proposed methodology for the first phase of the engagement process, which will be developed by TOH to demonstrate how the proposed approach for the new campus will work.

RESEARCH METHODOLOGY

Middle Ground Policy Research Inc. and PACE Public Affairs & Community Engagement (PACE) were retained by TOH in March of 2017 to propose an engagement approach that will meet community needs and expectations, while supporting effective decision making.

Middle Ground is an Ottawa-based firm that specializes in policy development through public engagement. PACE, also Ottawa-based, is a public affairs consultancy that helps organizations move major city-building projects forward through engagement and relationship building. This report is the result of a three-month research initiative by the two organizations. The initiative is a precursor to the actual consultations, which will begin in the fall of 2017. The report's findings rely on three main sources:

[2] www.ontario.ca/page/public-engagement

1. A review of media and social media coverage related to the new campus was conducted, especially media related to the siting of the new campus.

2. Informal meetings were convened with a non-exhaustive but diverse group of internal and external stakeholders to explain the proposed approach, discuss how it would work, and seek advice on ways to improve or adjust it to ensure success. Meetings included representatives[3] from:

    - TOH staff, partners, and suppliers
    - Federal, provincial, and municipal officials (both elected representatives and public servants)
    - Community organizations
    - Interest groups

    The meetings generated many insightful comments and suggestions, and helped to articulate and clarify key aspects of the approach that will be required for meaningful engagement on the new campus, including identifying issues, clarifying objectives, and defining the needs of participants.

3. PACE and Middle Ground drew on their extensive engagement expertise and deep knowledge of the communities within the National Capital Region (NCR), as well as the two previous sources, to develop and propose a principled approach to engagement that is well-suited to the region's needs.

THE CONTEXT AND CHALLENGES AROUND TOH'S ENGAGEMENT

BACKGROUND ON THE NEW CAMPUS – A CREDIBILITY CHALLENGE

In 2007-2008, The Ottawa Hospital conducted a review of its three campuses, focusing on projected population growth and the health-care needs of an aging population. A key finding was that the current 23-acre Civic Campus (first opened in 1924) had outgrown its location and, given the age and state of the facilities, could not provide safe, high-quality patient care over the long term.

TOH began planning for a new campus. Its vision was to bring 21st-century health care, research and learning to the region. In consultation with Public Services and Procurement Canada (at the time, Public Works and Government Services Canada), the National Capital Commission (NCC), Canada Lands Corporation, and the City of Ottawa, a real estate review was conducted in 2008 to identify available land options that could accommodate the new campus. A 60-acre parcel located on the Central Experimental Farm (CEF) was the top-rated location. The CEF is a national heritage site owned by the Government of Canada.

In November 2014, the federal government announced a plan to lease the 60-acre parcel to TOH as a site for the new campus. Normally, a major new health-care facility in the city's core would be exciting news. Instead, media reports were mixed and included conflicting views about the project. Some

[3] See Appendix A for a list of the individuals and organizations

stakeholders had serious objections to the location. They questioned the federal government's decision to permit the land to be used for a new campus. The decision took them by surprise.

When a federal election was called in the summer of 2015, some local candidates opposed the proposed location of the new campus. The government of the day was defeated and a new one formed. In early 2016, the new government canceled the transfer of CEF lands to TOH and launched a new process to assess other options. The National Capital Commission was charged with leading the process over the summer and fall. In November, it recommended a parcel at Tunney's Pasture as the new site.

Once again, the decision took people by surprise — especially hospital administrators, who deemed the site unsuitable for the efficient delivery of critical care services. When the hospital's Board of Directors voted against it, the new government agreed to review its decision. Eventually, TOH and the federal government (supported by the provincial and municipal governments) settled on the Sir John Carling site as viable.

This complex history has had an impact on the morale of certain stakeholders, community organizations, and citizens. Many report that their trust in the process has been shaken. They fear that decision makers do not take consultation seriously, yet they clearly want to be involved in a significant way in the campus' design process.

DESIGNING A 21ST-CENTURY PROCESS

This is a serious challenge for TOH. While major projects like this one often involve changes in plans, losing public trust in the process can be debilitating. Community support is essential for everything from getting zoning changes to fundraising.

The lesson for TOH is that a 21st-century vision requires a 21st-century process. This begins with a distinction between *buy-in* and *ownership*.

When it comes to issues of public concern, such as parking requirements or the location of a new facility, consultation is supposed to provide opportunities for meaningful public input.

In fact, consultations on big projects like this one are often more about "validating" decision-makers' plans than getting the community's views. In such a case, the goal is to get public acceptance – "buy-in" – for emerging plans. Once this has been secured, there is little reason to look further.

Public "ownership" requires more than buy-in or even listening to the public's views. It calls on the community to assume some of the responsibility and burden of planning by struggling to balance competing interests.

For example, community stakeholders may be called on to engage one another in real deliberations, where they must explain their views, listen to each other, and work to arrive at common solutions to the things they disagree about. This is different from traditional consultation, which pits participants against one another by asking them to compete for influence over decision makers.

Instead, the deliberative approach challenges participants to put different and possibly competing views in a larger context. They must work with one another to create a story about how their goals or

preferences can be balanced or aligned. This means struggling with trade-offs and recognizing the interconnection between different interests and issues, instead of engaging in a winner-take-all contest.

But deliberation is possible only if decision makers provide the space for genuine community dialogue. This does NOT mean asking the community to make decisions on issues that require high levels of expertise. Rather, it means the public is invited to play a role in making some of the choices where genuine choices are there to be made.

TOH's approach will provide space to engage community members in a meaningful dialogue about the fit between the new campus and the community. Not only will this enhance their understanding of the issues it will create a sense of ownership of the plan and the project so community members come to feel they are invested in both and have a real stake in their success.

CREATING RESILIENCE

Sudden changes of plan or reversals of key decisions, like those on the new campus's location, are not unusual in big projects. Such projects are vulnerable to third-party interests, competing agendas, political interference, and other forces. When a group of stakeholders feels a decision is unfair, they often mobilize and put pressure on decision makers to reverse it.

Sometimes this is justified and can result in course corrections, useful adjustments to plans, or improvements in design that better reflect community values or priorities. At other times, however, these campaigns give narrow interest groups a disproportionate share of influence or make gratuitous claims sound credible, leading to sudden shifts that skew decision making, divide the community, and can set a big project back by years. Public ownership helps prevent such shifts from occurring.

Inclusive dialogue aligns a diverse array of people and stakeholders around a plan and invests it with legitimacy. As a result, other actors are far less likely to intervene or seek to overturn key decisions without just cause and/or a diverse array of support. Community ownership thus brings stability and resilience to such projects and the plans around them.

COMPLEX MULTI-JURISDICTIONAL DECISION MAKING

The issues to be considered in the campus' community engagement process fall mainly within the project's zoning and site planning, and encompass a variety of land planning matters such as parking, transportation, the preservation of greenspace, and the protection of the site's heritage features. As well, the site is located within the boundaries of the Preston-Carling District (as per the City's Official Plan) and the campus' development must comply with a specific design review process outlined by the City.

As such, many of the community interests in the project will fall under the municipal planning and approvals process. However, two conditions complicate this separation of tasks into three separate processes:

1. **Interdependency:** Issues regarding the design and delivery of programs and services within the new facility will be dealt with as part of the provincial Capital Planning process. They too will be the subject of engagement processes, but these will be in a separate stream, involving, especially, medical experts, stakeholders from the health and wellness sector, and organizations representing patients and their families. Questions around hospital programming are therefore largely outside the scope of this community engagement process.

   Decisions on the Capital Planning process, however, can have a significant impact on site design. For example, recognizing that patients' recovery can be significantly improved through exposure to natural surroundings could affect decisions on the need for botanical gardens and/or other forms of greenspace around the facility, which, in turn, could affect how these issues are dealt with in the site plan that will be submitted to the City of Ottawa.

   This kind of interdependence between the province's Capital Planning process and the municipal site plan can be managed, but points of overlap must be identified and the timelines for decisions in the two processes must be coordinated to ensure decisions on the former do not pre-empt decisions on site design. Before this can be done, however, more detailed information is needed from health-care planners regarding the Capital Planning process and various aspects of the site design, such as parking or architectural design.

2. **Leasing Conditions:** The fact that the site in question belongs to the federal government[4] triggers a number of considerations related to the land's national interest designation, and makes this project unique from the majority of health care initiatives in the province. As such, the campus' design will be held to a higher standard than a typical hospital development, and subject to a number of conditions as part of the federal land use and transaction approvals (FLUTA) process required under the *National Capital Act*.

   Although the federal process focuses on land transfer, the leasing agreement includes conditions around the use and development of the property. For example, the NCC will expect site development to inspire Canadians "with a lively, distinctive, and sustainable national capital region... conserving and celebrating natural assets, cultural landscapes and built heritage of national interest.[5]" The NCC's Advisory Committee on Planning, Design and Realty (ACPDR) Committee will be tasked with reviewing and ensuring that the site design meets federal standards. Specifically, the NCC has identified five Capital Realm Design Principles (high quality of public realm; heritage; sustainability; public input; design excellence) that will guide the design and review of the project over the course of the federal approvals.

Community engagement needs to be well coordinated in order to meet the expectations and requirements of all three levels of government. As well, careful oversight is required to properly manage issues that are interdependent.

[4] The site is comprised of land belonging to three federal departments: Public Services and Procurement Canada (PSPC), National Capital Commission (NCC), and Agriculture and Agri-Food Canada (AAFC). Work is underway to transfer the NCC and AAFC portions to PSPC, which has the mandate to assemble the land and negotiate a long-term lease with TOH.

[5] NCC staff report to its Board of Directors, April 5, 2017, entitled *The Ottawa Hospital Land Use and Transaction Approvals (PSPC, AAFC, NCC)*

ANALYSIS

AN ARRAY OF VIEWPOINTS AND PRINCIPLES

Our research reveals a diversity of views on the right design for the Sir John Carling site. Although these different viewpoints create tensions, they are not irreconcilable.

If the tensions between them are not dealt with appropriately, the process will fail to define a common vision for the new campus or to get community ownership of it. Success will require both a principled approach to engagement and a sophisticated methodology to execute it.

A further – and encouraging – finding from our research is that these different viewpoints all find support in various sets of principles that have been advanced by key stakeholders.

For example, as we saw in the last section, as part of its conditions for leasing the land to TOH, the National Capital Commission has defined five principles that say the new facility's design must be world-class, complimentary to the site's uses and heritage character, and worthy of a capital city.

This aligns well with some aspects of the TOH's seven draft design principles[6], which range from providing the best patient and family experience to promoting innovation and research, sustaining the environment, and being respectful of, and aligned with, the community. TOH's vision embraces new design concepts, such as natural light, healing gardens, a better integration with nature, an enhanced enjoyment of the location for neighbouring communities, and so on.

Neighbouring community groups are also thinking about design. The community adjacent to the Sir John Carling site has developed a vision for the area's future growth in the Preston-Carling District Secondary Plan and Community Design Plan (CDP). Their documents see the corner of Preston and Carling (which is the north-eastern edge of the new campus' boundaries) emerging as the south-western gateway to the city's larger future downtown. The documents also contain a statement of the community's expectation that "the finest mixed-use buildings cluster around the future Carling Avenue Trillium light rail station…[which] will collectively present an image that is important not only to the City but also to the entire country.[7]"

As for the provincial government, its focus will be less on the campus site itself and more on how the facility will continue to be a world-leading heath-care centre that meets the needs of the people it will serve. An underpinning principle for the province is its 'Patients First Action Plan for Health Care' is to put people and patients first by improving the health care experience[8].

With respect to the Champlain Local Health Integration Network (LIHN), it has adopted community engagement as an essential function and core value[9], particularly in relation to health system change. It

[6] See The Ottawa Hospital's website (www.ottawahospital.on.ca/newcampus/development-principles_en.html)

[7] Preston-Carling District Secondary Plan (http://ottawa.ca/en/city-hall/planning-and-development/official-plan-and-master-plans/official-plan/volume-2a-secondary-plans/preston-carling-district-secondary-plan)

[8] See http://health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_patientsfirst.pdf

[9] See the Pan LHIN Community Engagement Guidelines at www.champlainlhin.on.ca/CE/CE_Publications.aspx

will expect that TOH initiates a meaningful community engagement process that also includes a robust patient stream, notably around the decisions that have been identified as interdependent between the 'programs and services' and the campus design.

This also aligns well with TOH's commitment to engaging patients and their families and treating their input as integral to decision making and care at all levels. For example, TOH encourages patients and their loved ones to participate fully while they are at the hospital for care, and many patients and family members are invited to participate in advisory committees on a wide variety of corporate initiatives.

In sum, research for this report has already identified several sets of principles that reflect various interests and viewpoints (see Appendix B for a preliminary list of principles). Others will surely surface. The principles in question have been drawn from a variety of sources, including TOH documents, the Ontario Public Engagement Framework, requirements of the three orders of government, and findings from the discussions and interviews with stakeholders in the development of this report.

For the purposes of this report, we have assembled these principles into a framework, and organized them into three main subgroups, as follows:

1. Process Principles
2. Health Administration Principles
3. Design Principles

- **The Design Principles articulate the goals or objectives that will guide development of the narrative and decision making on the site plan.**
- **Principles of Health Administration ensure that decisions resulting from the engagement process do not conflict with key commitments, such as the primacy of patients or sound financial management of the institution.**
- **The Process Principles guide the design and implementation of the engagement process.**

1. PROCESS PRINCIPLES: A 21ST-CENTURY APPROACH TO ENGAGEMENT

One subgroup of principles will guide the design and execution of the campus' engagement program. Two key goals here are, first, to address the credibility challenge and build trust in the process; and, second, to build a sense of community ownership. The process principles will achieve these goals by ensuring:

- Clarity in the objectives and roles
- Transparency in decision making
- Accountability for decisions
- Inclusiveness
- Meaningful participation
- Evidence-based decision making
- Rules-based dialogue that is orderly, respectful, and productive

These commitments help define a 21st-century approach to engagement and are part of the Ontario Public Engagement Framework. The Canadian Open Dialogue Foundation has formulated a comprehensive list of specific principles that support such a process. The list can be found in Appendix C.

2. HEALTH ADMINISTRATION PRINCIPLES

A second subgroup of principles reflects the provincial Ministry of Health and TOH's commitment to sound administrative and management practices. These are basic principles that all 21st-century health-care facilities will share. For example, the province's Patients First Principle establishes that, notwithstanding the hospital's commitment to community integration, its primary purpose is to care for its patients. This priority is and will remain first in hospital administrators' minds.

Sound administration and management also involve practical operational matters, such as the stewardship of financial resources. Financial sustainability therefore is a basic principle that must be part of discussions on all major issues. For example, underground parking is more expensive than surface parking. While underground parking may be preferable for some, to be selected as a design solution, it must also be financially viable.

3. DESIGN PRINCIPLES: BUILDING A 21ST-CENTURY HEALTH-CARE FACILITY

The third subgroup of design principles will ensure the new campus has a 21st-century design. The popular image of 20th-century hospitals is not attractive. They are cast as monolithic structures, towering above a sea of parking. Hospitals commandeer neighbourhood space, distort the landscape, and interfere with local transportation patterns, including parking and traffic flows. They erect physical barriers between neighbouring communities and prevent residents from crossing from one to the other or enjoying the surrounding area.

This stereotype may be unfair, but it underlies a common narrative that does little to recommend hospitals to communities.

A 21st-century health-care facility reflects a very different vision, one that is informed by research that links physical environment with patient outcomes — a paradigm known as "evidence-based design.[10]" Studies clearly indicate that properly-designed facilities actually improve patient outcomes, with quicker recoveries, a reduced need for pain medication, and an enhanced patient, visitor and staff experience.

A 21st-century health-care facility is also far less inward-looking. Administrators are highly conscious of the facility's relationship to the community. Rather than an imposing structure that looms over it, designers aim to embed the facility into the community in ways that complement and enhance existing lifestyles and patterns.

In the context of the federally-owned Sir John Carling site, this means, for example, that development must:

- Inspire Canadians with a lively, distinctive, and sustainable campus, which conserves and celebrates natural assets, cultural landscapes and built heritage of national interest.

[10] See *Better by design: How a hospital room can help patients heal*, *Globe and Mail*, February 7, 2014

- Maintain a high level of quality, innovation, and design appropriate to the location, reflecting best practices in urban planning, architecture, landscape architecture, urban design, sustainability, universal accessibility, and heritage conservation.
- Compliment the identity of the Central Experimental Farm.

Design principles define the substantive goals and parameters for the engagement process. Participants will rely on them to develop a "narrative" around the new campus as a 21st-century health-care facility that is embedded in their community.

RECOMMENDATIONS

FROM AD HOC TO PRINCIPLED ENGAGEMENT

To an engagement expert, many consultation processes look *ad hoc*, that is, when a process is launched, how it is designed, who is involved, how decisions are made, and how they are explained back to the community, varies from process to process; and the rationale for these differences is often less than clear.

This lack of clarity creates uncertainty and invites manipulation. For example, decision makers can use it to arbitrarily limit discussion, prevent some voices from being heard, or discredit conclusions they do not agree with – all the while claiming that the process is working well.

Unfortunately, when this happens, *ad hoc* processes usually provide no reliable way to call decision makers to account. Participants are then likely to conclude the process is a sham and may accuse decision makers of already having their minds made up.

We propose a *principled approach* to engagement that provides clarity and consistency in the design and execution of engagement processes. The process will also serve as a demonstration project to define and test a new model for future large-scale community development projects.

TOH DESIGN FOR DELIBERATIVE PROCESSES

In consultation, first decision makers listen to the public's views, then retreat behind closed doors to deliberate over what they have heard. If the issues are not too complex, this can work well and when the decision makers re-emerge they can often provide a cogent explanation for their decisions.

However, many issues in the TOH process are complex would require a different approach. Consider the question whether TOH should sharply limit parking spaces to protect the Central Experimental Farm. For some people, this involves a profound disagreement over values. They believe the Farm's value as an historic site easily exceeds the value of the parking spots it might be used to create. Others disagree.

Such a dispute cannot be reasoned through the way, say, technical issues or financial matters can. Trade-offs and compromises over values like these are much more subjective. Having officials make them behind closed doors and then publicly announce them simply creates winners and losers. People

and organizations with a big stake in such issues are far more likely to accept a common solution if they have had a role in finding it.

TOH's engagement approach must be designed to resolve the complex value conflicts inherent with this project – or, at least, to manage them fairly – by giving people a meaningful role in making the trade-offs. For this, the process should aim to find win-win solutions, rather than pitting participants against one another in a winner-take-all contest. This requires genuine dialogue and deliberation. Participants must listen to one another's views, arguments, and aspirations and they must treat them with respect.

ENGAGEMENT AS A CORE COMPETENCY OF INSTITUTIONAL PLANNING

Planning big projects like the new campus usually involves a team of technical experts, ranging from architects and engineers to lawyers and administrators. Traditionally, these teams do not treat engagement as a core competency. It is viewed as a secondary task that is often delegated to a more junior member of the design team – someone who may or may not have expertise in designing and running engagement processes.

This can be deeply frustrating for community members. For one thing, it makes it easier for experts to ignore or overrule the process by arguing that the public is trying to pronounce on a technical matter that should be left to experts. While the public should not be asked to make such decisions, too often experts claim their expertise extends further than it does. Parking requirements for the new campus could be a case in point. While many issues here are technical in nature, some are not. Where there is genuine scope for choice, ways should be found to ensure the public gets a say.

We propose to strike a good balance between expert and public opinion by elevating engagement to a core competency within the campus' design team. In practice, this means a "chief engagement steward" will be a permanent member of the team during the project's five-year planning phase (see Timelines below). He/she will work with team members to identify issues of public concern as they arise. The CES will also play a "challenge role," helping to ensure that technical experts do not arbitrarily or inadvertently limit public involvement through unjustified appeals to expertise.

Chief Engagement Steward's Role: The CES's role is to contribute to the overall success of the project by building public ownership of the plan and the facility. This means ensuring that important opportunities for public involvement are recognized and leveraged. This role will be recognized by other technical experts on the campus' multi-disciplinary design team through a commitment to the following principles:

- Agreement that a well-designed and well-executed engagement process is likely to result in better short- and long-term outcomes;
- Support for the adoption of the framework of principles and roadmap in this report to guide the design and execution of engagement processes; and
- Openness to the deliberative nature of the eventual engagement process and a willingness to participate in it as appropriate to resolve issues and enhance the outcomes.

A DEMONSTRATION PROJECT

This project aims to move public engagement for institutional projects to a new level. The "principled approach" it has adopted will break new ground through a variety of innovative measures, including:

adoption of the OPEF (see below), a focus on community ownership, establishment of the Chief Engagement Steward's role, using community engagement to develop a narrative around the vision of a 21st-century health-care facility, then using the narrative to help identify win-win solutions to complex issues.

To take advantage of the important learning opportunity, a small research group of about 10 individuals from TOH, the three orders of government, and key stakeholder groups will meet regularly during the life of the project to review the process as it unfolds and to identify lessons learned, best practices, new principles, and other important learnings. These learnings will be consolidated and made public through a series of reports from the group, based on its discussions.

COMPONENTS OF TOH'S COMMUNITY ENGAGEMENT PROCESS

TIMELINES AND SCOPE OF THE ENGAGEMENT PROCESS

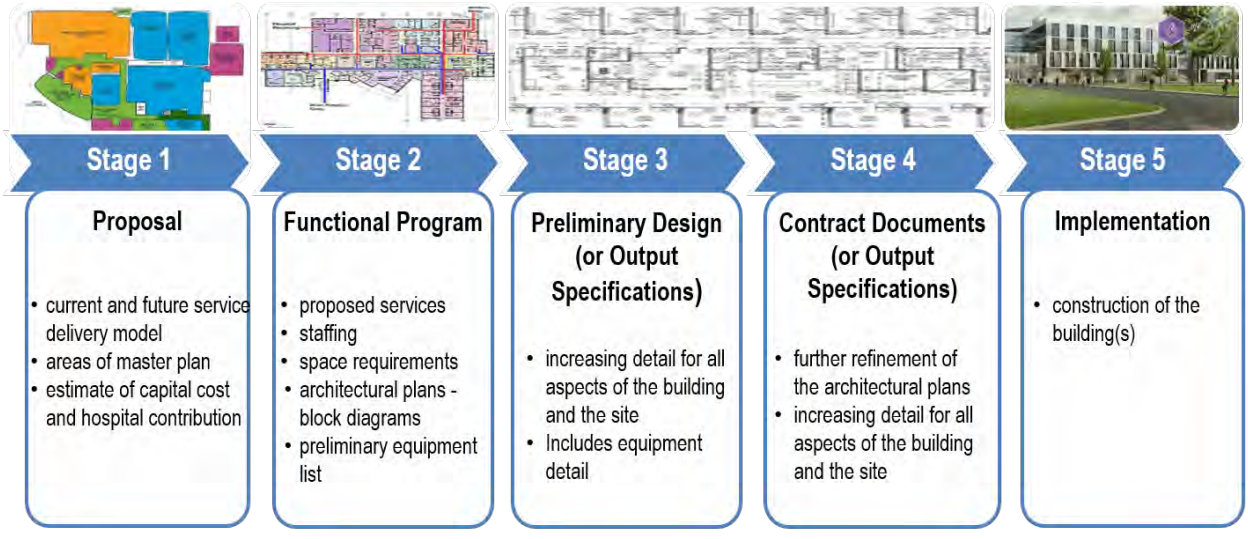
The new campus' planning process will follow a five-stage process, which will be supported by an engagement process based on this report.

The current plan, which is driven by the province's funding program for health-care facilities (referred to as the Capital Planning process; see the diagram below), contains five main phases, the first four of which involve planning, contracting, legal issues, zoning changes, and so on.

Altogether, planning for the campus is expected to take five years. Construction, which takes place in the fifth phase, will follow.

TOH's engagement process therefore will span the first five years and the first four stages of the process, with a heavy emphasis on the issues in Stages 1 to 3.

Capital Planning Process Diagram (courtesy of The Ottawa Hospital)



Ideally, this report would provide clear timelines and milestones for different phases of the engagement process, unfortunately, this is not yet possible. While the planning process involves all three levels of government, TOH is working with them on three separate tracks, which creates a complex and sometimes overlapping set of discussions. In brief, TOH is working with:

- The federal government on a land lease agreement.
- The provincial government to design the programs and services the hospital will provide.
- The City of Ottawa on zoning and development of the site plan.

Context for Engagement – 3 Process Streams:

THE ISSUES

In the research for this report, a variety of resident, community, and business concerns about the new campus have surfaced. Many are related to increasing density in this section of the city and might fairly be described as "growing pains." These include increased traffic, loss of greenspace, encroachment on a national heritage site, and disruption to a visitor/tourist's experience to the area (Dow's Lake). There are also fears that a poorly-designed campus would be a blight on one of the city's most scenic landscapes.

The following is a preliminary list of issues that will need to be addressed in the process. Additional issues will emerge as the project progresses.

- **Parking:** Parking was hotly debated during the site review process in the fall of 2016, and a prominent topic in the media, social media, and op-eds. There are different views on the issue and different reasons for holding them:
    - Some stakeholders questioned TOH's need for thousands of parking spaces, especially with the Trillium LRT station close by. In this view, staff, visitors, and or non-urgent patients can and should use public transit to commute.
    - Patients' groups disagree. They see parking as essential. For one thing, visitors often travel by car to get to the hospital to see friends and loved ones and need parking. Moreover, those who have access to public transit may be unwilling to rely on it, given their stressful circumstances.
    - Questions were raised about how to factor in the expected emergence of driverless vehicles. What impact might this have on parking needs?

  - Advocates for the Central Experimental Farm worried that historic national heritage land will be paved over and replaced with large surface parking lots.
  - In communities surrounding the new campus, opinions ranged from support for the protection of greenspace to concerns about parking overflow on residential streets.
  - Many staff put a high premium on parking, especially those who work on shift and may have to arrive or leave in the middle of the night.

- **Increased traffic:** Local communities worry that the increase in staff, patients, and visitors will compound current traffic problems, leading to congestion and delays, safety concerns, cut-through traffic on residential streets, and other nuisances.
- **Campus access, egress, and road network:** Access and egress to the campus could affect the beauty of the site and surrounding areas. For example, access points on Prince of Wales Drive and the National Capital Commission Scenic Driveway would increase traffic and could interfere with the public's enjoyment of Dow's Lake and the Rideau Canal (a UNESCO-protected site), the Tulip Festival, the Arboretum, the Agricultural Museum, Fletcher's Gardens, and so on. A related concern involves vehicles on the site, such as ambulances, and patient/visitor parking, and service vehicles. Designing a road network to accommodate them could "dissect" the site, resulting in a visual blight, the loss of greenspace or heritage land, and preventing public access to or enjoyment of the site.

- **Connectivity to walking, cycling network, and multi-use pathways (MUP):** Some residents want to be able to move freely across the campus grounds, rather than feeling barred from them. Walking and cycling through the area, they noted, could be encouraged through the design of multi-use pathways that connect the site to surrounding neighbourhoods and to the existing Trillium MUP.

- **Loss of park and greenspace:** As noted, increased density creates pressure for more parking spaces, and new access routes and service roads. The possible loss of greenspace in the city core – including some of Ottawa's most historic greenery – is a particularly sensitive issue for many stakeholders and community members. Queen Juliana Park, one of the few parks in the area, is an example. It is widely enjoyed by neighbouring residents and home to numerous important festivals and events.

  Some stakeholders believe that carving out Central Experimental Farm land sets a worrying precedent for further development and encroachments on this nationally designated heritage and historic site.

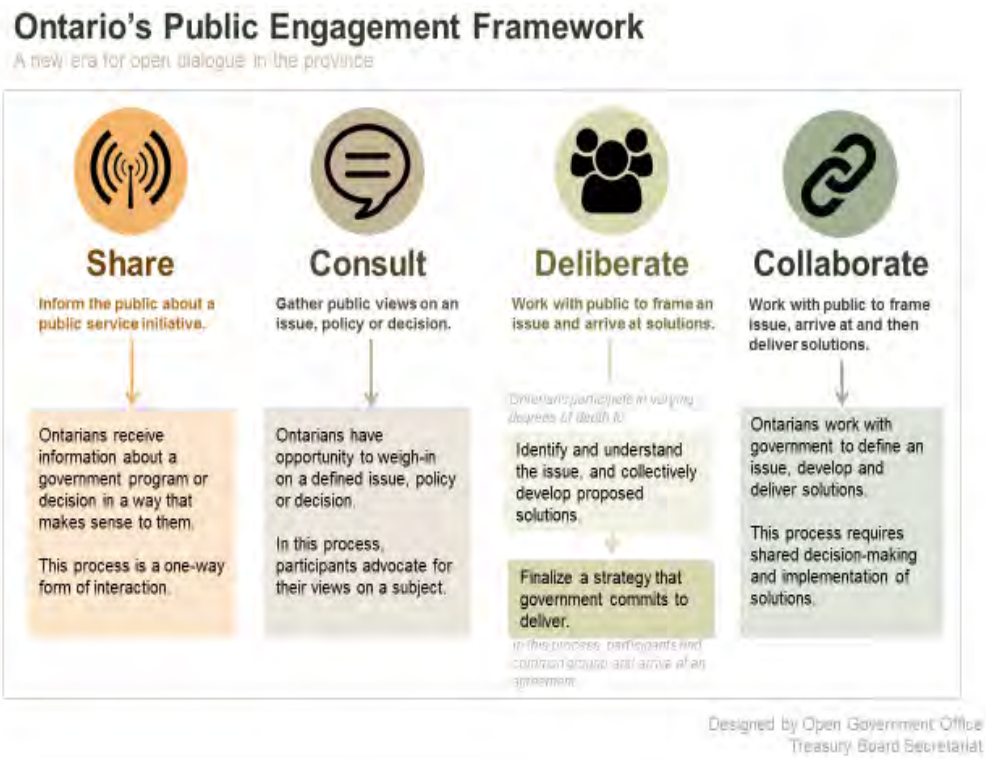
- **Interest in the facilities' design and the landscape architecture:** Concerns are very real that the new campus' design could be a blight that seriously compromises the site's heritage value and natural beauty. Stakeholders want assurances that the design will be respectful of the land's history, proximity to highly cherished heritage buildings and features, and blend in with the natural landscape such that there is no visual impact from Dow's Lake.

- **The existing Civic Campus:** Many stakeholders have asked about plans for the existing Civic, once the new campus is in operation. Support exists for transforming it into a "health village." However, some neighbouring residents were concerned that this might result in having two campuses in their community, which would exacerbate existing issues around traffic and parking. Some suggested that the existing surface parking lots could be turned into park space.

- **Impact on local businesses:** While the increase in density could be good for local businesses, these benefits will flow only if staff, patients, and visitors are encouraged to patronize local businesses, such as those on Preston Street, rather than commercial services on the new campus. Business owners in the Dow's Lake Pavilion fear the loss of the parking lot located across the street. It should be noted, however, that the NCC lease states that TOH must provide parking for a minimum of 200 vehicles and seven buses, specifically dedicated to visitors to Dow's Lake and Commissioners Park[11].

ONTARIO PUBLIC ENGAGEMENT FRAMEWORK – A PRINCIPLED APPROACH TO ENGAGEMENT

TOH has adopted the Ontario Public Engagement Framework as the basis for its engagement approach. The principles behind the approach were discussed above. One of the most important states: *Choose the right process-type*. In effect, this says there are different types of processes and that each type is suited to a different task. A principled approach begins by ensuring that the process-type matches the task. OPEF identifies four basic process-types, as follows:



Choosing the right process-type is important because it helps define appropriate expectations and roles for participants in the process. TOH will be use the following rules when selecting a type for an engagement process:

1. **Information Sharing** will be used when the public needs to be informed on some issue or aspect of the engagement process or the emerging design plan. While this may involve face-to-face sessions, information can usually be shared in simpler ways, such as electronic correspondence, posting information on a website, or social media.

[11] NCC staff report to its Board of Directors, April 5, 2017, entitled *The Ottawa Hospital Land Use and Transaction Approvals (PSPC, AAFC, NCC)*

2. **Consultation** will be used when TOH needs input from stakeholders or the public prior to making a key project decision. For example, when designing the building, the architect will want to hear the public's views on how the new facility should look. To get this information, TOH might hold a town hall and invite people to speak about their expectations and preferences. Alternatively, it could use a survey or an interactive website, and ask community members to record their views. Once a consultation is finished, TOH will review the findings and decide how to incorporate them into its evolving plan.

3. **Deliberation** is used to help solve difficult issues, especially where trade-offs or priority-setting is required, such as balancing the preservation of greenspace with parking. Unlike consultation, which gives the public a chance to share their views on a subject, deliberation is designed to produce an exchange of views between citizens and/or stakeholders. Participants must listen to one another, learn about each other's concerns, discuss their similarities and differences, weigh evidence, and work together to make choices and arrive at solutions. Deliberation builds shared ownership of the process and a shared commitment to the results.

4. **Collaboration** is used when TOH needs stakeholders and/or community members to use their networks, resources, and skills to help it deliver some part of the work required to achieve common goals. Collaboration not only engages the public in a *discussion* of issues, but asks them to make a commitment to help *deliver* the solutions that result from these discussions. For example, a program to promote wellness might require community input in the design of the program AND volunteers to help deliver it.

While these four process-types are different in kind, they also build on one another so that each one can and often does incorporate aspects of the one(s) before it, as represented below:

Information sharing is the simplest relationship, which involves a transaction between TOH and stakeholders or the public. A consultation process usually includes the practice of information sharing, but adds the opportunity to express views. Deliberation allows for information sharing, the expression of views AND adds mechanisms to support meaningful dialogue about these views. Collaboration includes all three, then adds a commitment by stakeholders to use their resources to take some action that is essential to the achievement of common goals. Each process-type thus relies on different tactics to create a new form of interaction between the two sides.

PROPOSED ENGAGEMENT PROCESS

LAUNCHING THE DIALOGUE: PHASE I

OBJECTIVE

TOH will soon launch Phase I of its engagement program, reaching out to the people of Ottawa, the larger Champlain LHIN catchment, businesses, interest groups, key stakeholders, and many others. The research for this report suggests widespread support for a new campus; and stakeholders seem mostly accepting of (or at a minimum, resigned to accepting) its location at Sir John Carling. The discussion ahead thus will focus on site design and development, where significant differences exist:

- Some stakeholders are deeply committed to preserving the natural beauty of the property and/or protecting the Central Experimental Farm as an national historic site.
- Others think the key focus should be ensuring quality health care and meeting patients' needs.
- Others believe that neighbourhood concerns, such as traffic and parking, are the real issues facing the campus' design.
- And some people want the campus to become a hub for innovation and economic development, with a strong outward-looking, international focus.

Although these different viewpoints create tensions, they are not irreconcilable. The key finding of this report is that they can be aligned under the overarching vision of a 21st-century health-care facility that is fully integrated with the community. To achieve this, the community must work with TOH to construct a narrative that articulates this vision and guides the facility's development. TOH's engagement process is the crucible in which this narrative will be forged.

Research for this report suggests that stakeholders and community members want to be involved in the new campus design. They have concerns they want aired and addressed, but they also believe they can make a significant and constructive contribution to the overall discussion.

Questions were raised about what kind of role community organizations will they play in the process moving forward. Many stakeholders interviewed were excited by the focus on community ownership and agreed that the way to generate this is through a more deliberative process that involves the community in the task of making trade-offs and helping to set priorities.

At the same time, not everyone can or will be directly involved in deliberative exercises. This kind of dialogue reaches out to the broader community through the creation of a single story or narrative about the new campus, one that articulates its relationship to the community.

The key to this lies in the vision of the new campus as a 21st-century health-care facility. This idea provides the motif to reframe some long-standing issues and create a more comprehensive story about the facility that makes room for everyone.

In this view, the public will use the Design Principles to shape and guide a dialogue on how the site's design can be seamlessly integrated with the surrounding neighbourhoods and community, while meeting TOH's responsibilities to its patients, as well as its research and other commitments to the international community, but there is much work to be done.

Right now, community members and stakeholders are unclear about what is involved in this vision and how it differs from a traditional hospital. The claim that the new facility should be *integrated* into the community's fabric raises their hopes, but people have difficulty articulating what it means.

While some stakeholders saw the new campus as part of Ottawa's urban renewal, in line with other city-building projects such as light rail and the new Central Library, most wondered what that would mean at the community or regional levels and how a new campus could enrich the city's fabric and prosperity.

How will surrounding neighbourhoods, or even the region-at-large, benefit from this new vision? What sorts of new amenities will the new campus have that will benefit them? Are there ways that community members could enjoy the facility that are not part of traditional hospital design?

In planning for the new health-care facility, TOH must also use the opportunity to build an accessible, inclusive facility that is centred on the needs of patients and families rather than the needs of providers. This is in keeping with the province's Patients' First Principle. To achieve this, patient and family engagement will be embedded within the full community engagement process.

Design Principles provide legitimacy and direction for the many community viewpoints on campus' design. If there is a common theme among the different sets of principles, it is that these viewpoints can be reconciled and aligned by working to integrate the new campus into the community.

METHODOLOGY: A THREE-STAGE PROCESS

TOH's approach will follow a three-stage process, where Stage 1 defines the issues for discussion, Stage 2 carries out the deliberation, and Stage 3 validates the findings.

STAGE 1: DEFINING THE ISSUES

In Stage 1, participants will be invited to identify the issues they believe need to be aired to arrive at an informed and fair decision, state their preferred solution(s) to the issue(s), and explain the rationale behind them.

This first phase should include an engagement exercise – likely online – that reaches out to the broader public and asks them to identify and articulate issues they think need to be addressed as the process unfolds. This will provide participants with an opportunity to voice their concerns and help ensure the campus' design team is fully informed on the issues they will need to address.

At the end of Stage 1, the results will be consolidated in an Issues Report, which will serve as a record of key issues that have been identified, the statements of the participants' proposed solutions, and the rationale for them.

STAGE 2: DELIBERATING AND SOLUTION-FINDING

These issues/solutions will then be the subject of deliberation in Stage 2, where the participants will be tasked with jointly arriving at solutions to each of the major 'value' issues raised in the Issues Report and providing the rationale for their decisions.

A useful step in the engagement process would ask stakeholders to review these different sets of Design Principles and distill them into a single, cohesive set of, say, 10 principles. Some parts of the task will be easier than others. Some principles are clearly similar in nature and consolidating them should be easy, such as the NCC's Capital Realm Principle of 'Environmental Sustainability' and TOH's Design Principle that the new campus should 'Help sustain our environment.'

However, some of these principles also seem contradictory or at least conflicting. Concerns over parking highlight the problem[12]. The issue appears to pit the protection of greenspace against TOH's principle to provide the best patient and visitor experience.

In trying to consolidate the list, tensions will arise between participants with different views on these issues, but this can be healthy. It will give them a chance to begin thinking about how these tensions will be resolved later and how the guiding principles should be articulated to help facilitate fair and constructive debate.

To arrive at a clear, comprehensive, and cohesive set of principles, participants will have to work through the issues together, listen to one another's concerns and suggestions, and find creative ways of streamlining the principles, while ensuring that key meanings are not lost. We think the exercise would be a constructive way to introduce stakeholders with different interests to one another and to the idea of working together in a more collaborative process.

Once they have arrived at a single set of Design Principles, the next phase will begin using them to articulate a common community narrative for the new campus. Ultimately, this narrative will consist of a story that articulates different aspects of the vision, such as how its status as a world-class research institute might enhance the community. The narrative will serve as the backdrop or storyline against which specific design issues will be considered and assessed. It thus provides extremely important context for planning the site and resolving issues.

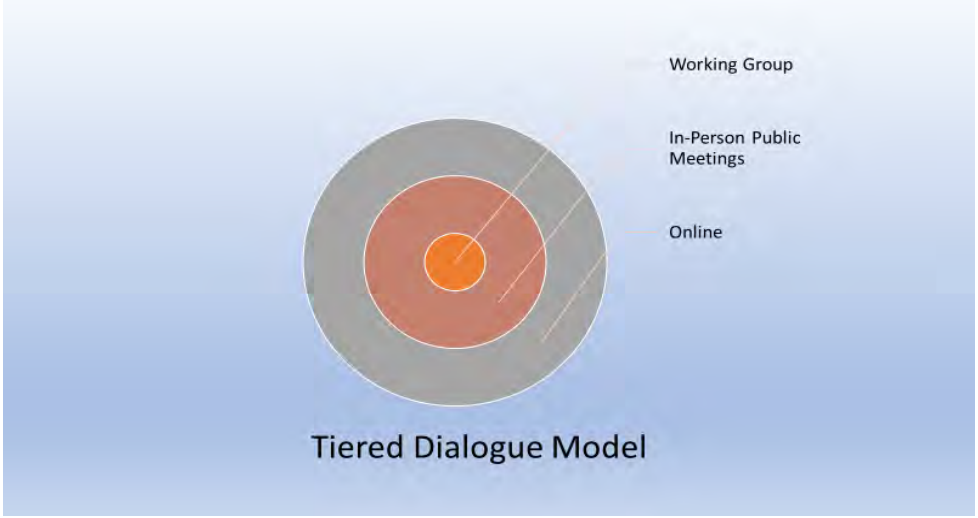
STAGE 3: REPORTING AND VALIDATING

Finally, in Stage 3 the Solutions Report will be publicized to allow for public response to it. The report will be revised accordingly and a final report released. The overall process thus will unfold as follows:

[12] A lack of parking at the current Civic Campus rates as one of TOH's leading complaints by patients and their visitors, as inadequate parking can add to the anxiety of individuals already facing stressful conditions. See "Ottawa Hospital trying out 'jockey' service to maximize parking lots", *Ottawa Metro*, April 4, 2016

DIALOGUE STREAMS

Each stage of the process will include three tiers at which distinct engagement processes – "dialogue streams" – can be launched, as depicted below:



Each dialogue stream or tier will be designed to promote a different "style" of dialogue:

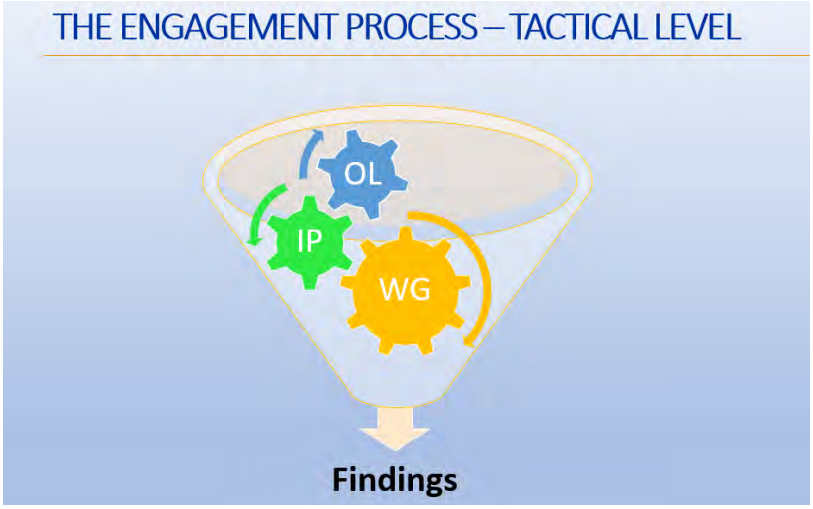
- ***THE ONLINE STREAM:*** This stream will allow virtually anyone in the Champlain LHIN catchment to participate. Participants will be encouraged to contribute by commenting on key issues and themes or considering how different options might fit together to help develop a narrative or storyline around the theme of the new campus as a 21st-century health-care facility. Various tools and approaches will be used for different purposes. For example, an online moderator could pose questions and participants would use Facebook, Twitter, or other online tools to post their responses, comment on one another's views, and, possibly, engage in other exercises.
- ***IN-PERSON PUBLIC MEETINGS:*** A second dialogue stream will use narrower and more focused face-to-face forums, such as town hall meetings or other community-style events. They will do more than provide an opportunity for organizations and citizens to say what is on their minds. These events will be designed to get people comparing views to see how well they align with one another's experiences. For example, the participants might be broken into smaller, facilitated table-discussions, then brought back together in plenary sessions to report on and discuss their findings. They might include some expert talks or information sessions. They might

use techniques to prioritize options or find solutions when there are competing values, and so on.

- ***THE WORKING GROUP:*** This stream involves a group of up to approximately 20 members. The working group will be permanent and will serve as the principal forum for deliberation throughout the process, which means it will have the last word in vetting and deciding issues. Because the capacity for effective deliberation diminishes as the size of the group grows, the working group must be relatively small. Its membership will be balanced, including representation from across the key interest areas, such as TOH, other governments, greenspace, heritage, transportation, business, Indigenous Peoples, and community associations. It will also include significant expertise in key areas, such as community planning and the environment.

The findings from each of these three streams will be gathered and analyzed as they unfold, then circulated to the other streams so that participants in each are informed on and considering the findings from the others. The three streams thus will interact in ways that allow their discussions to influence and shape one another and, ultimately, to align as the discussions advance.

Ultimately, the results from the online and in-person streams will be funneled through the working group, which will consolidate the findings from the three tiers. It will consider how the findings align with different narratives around the 21st-century health-care facility. The goal will be to construct a unifying narrative that has a good "fit" with the values and priorities of the community, as well as the goals of the institution. Overall, the consolidation process will work like this:



The working group's more analytical conclusions and findings on other issues will, in turn, be framed by this narrative.

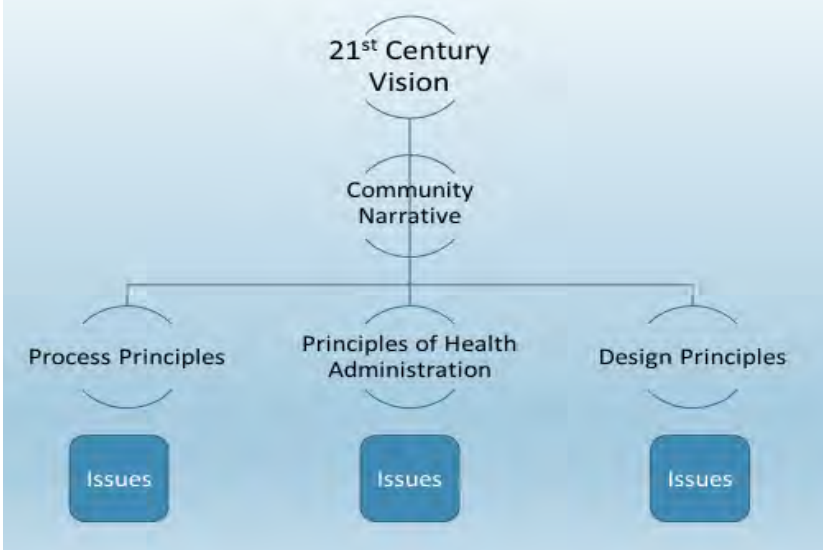
The model avoids concerns over "top-down" decision making by the working group because the dialogue in the outer spheres will be playing a big role in shaping the working group's discussions. Moreover, successful narratives travel through communities quickly and easily and are absorbed by others as they do. So, as people inside the dialogue spheres begin to tell the emerging story to others outside the spheres, the story will spread through the community. The process should create a sense of public ownership of the narrative, which, in turn, will help ensure public support for the working group's conclusions on other matters.

So, while the three streams will be relatively compartmentalized, they will interact. Indeed, the main point of the process is to combine the results of the broader, more open-ended discussions online and in the in-person activities with the more in-depth analysis in the working group. This will make the entire narrative-building exercise more rigorous to ensure that it fairly integrates community values and priorities with the needs of the institution.

DESIRED OUTCOMES AND SUCCESS FACTORS

OUTCOME:

Ideally, at the end of Phase 1, **a strong community narrative will emerge that reflects participants' discussions and expectations and creates a sense of ownership.** Participants should have agreed on the vision, defined the list of basic Design Principles, identified most of the issues to be addressed, and began to do some creative thinking on developing the community narrative. The following diagram helps summarize the basic project for Phase I:



SUCCESS FACTORS:

- The overarching vision is of the new campus as a 21st-century health-care facility that is fully integrated into the community.

- The community narrative is a story that articulates the vision in a way that:
  - Meets the goals of the institution.
  - Explains the relationship between the institution and the community in a way that resonates with the public.
  - Guides decision making on key issues as the process unfolds.

- The issues are various challenges that will have to be met through the engagement process.

In conclusion, the way forward on campus design is to reach for win-win solutions. The "multiple viewpoint" challenge can be overcome through an engagement process that provides the structure and support participants need to work through issues together and arrive at decisions that treat one another's interests fairly.

The approach outlined in this report can achieve this goal. It is especially well suited to a 21st-century health-care facility, given its clear emphasis on community integration. As for the Sir John Carling site, its remarkable assets, including its size, the greenspace and beauty of the landscape, and the scenic location, provide an impressive canvas on which to fashion imaginative but effective solutions to the design issues facing TOH and the communities it serves.

The ultimate test of a successful process is when participants whose views were not adopted nevertheless agree that their views were treated fairly.

APPENDIX A: LIST OF INDIVIDUALS AND ORGANIZATIONS INTERVIEWED

The authors of this report would like to thank the individuals that took the time to meet and share their insights and expertise regarding the new campus and the requirements for community engagement.

Organization	Individual	Title and Department
Agnew Peckham	Debbie McDonald	Partner
Carlington Community Association	Charity Bartlett	Member
Carlington Community Association	Robert Brinker	Chair, Planning Committee
Central Experimental Farm Advisory Council	Eric Jones	Chair
Champlain Local Health Integration Network (LHIN)	Chantale LeClerc	Chief Executive Officer
City of Ottawa	Coun. Riley Brockington	River Ward, Ottawa City Council
City of Ottawa	Anthony Chiarello	Assistant, Office of City Councillor Riley Brockington, River Ward
City of Ottawa	Coun. David Chernushenko	Capital Ward and Chair of the Environment and Climate Protection Committee, Ottawa City Council
City of Ottawa	Coun. Keith Egli	Chair of the Transportation Committee, Ottawa City Council
City of Ottawa	Don Herweyer	Manager, Development Review South, Planning, Infrastructure and Economic Development
City of Ottawa	Coun. Jeff Leiper	Kitchissippi Ward, Ottawa City Council
City of Ottawa	Coun. Catherine McKenney	Somerset Ward, Ottawa City Council
City of Ottawa	Fiona Mitchell	Advisor, Planning and Community Engagement, Office of City Councillor Jeff Leiper, Kitchissippi Ward
City of Ottawa	Tom Pechloff	Advisor, Transportation and the Environment, Office of City Councillor Jeff Leiper, Kitchissippi Ward
Civic Neighbourhood Community Association	Shaun Hopkins	Member
Civic Neighbourhood Community Association	Kathy Kennedy	Chair, Planning Committee
Civic Neighbourhood Community Association	Sharanne Paquette	Member
Civic Neighbourhood Community Association	Karen Wright	President
Dalhousie Community Association	Michael Powell	President
Ecology Ottawa	Robb Barnes	Managing Director
Federal Treasury Board Secretariat	Thom Kearney	Senior Analyst, Open Government Secretariat
Federal Treasury Board Secretariat	Marc Levine	A/Director of Policy, Open Government Secretariat
Federal Treasury Board Secretariat	Mélanie Robert	Director General, Open Government, Open Government Secretariat

Organization	Individual	Title and Department
Friends of the Central Experimental Farm	Judy Dodds	President
Health Canada	Dhurata Ikonomi	Executive Director, Community of Federal Regulators
Heritage Ottawa	Leslie Maitland	Past President
Invest Ottawa	Sophie Chen	Market Director, Asia Pacific
Invest Ottawa	Ashley Mascarenhas	Business Development, Life Sciences and Cleantech
Legislative Assembly of Ontario	Hon. Yasir Naqvi	MPP, Ottawa-Centre
Legislative Assembly of Ontario	William Bulmer	Executive Assistant to the Hon. Yasir Naqvi, MPP for Ottawa Centre
Legislative Assembly of Ontario	Fadi El Masry	Executive Assistant to John Fraser, MPP, Parliamentary Assistant to the Minister of Health and Long-Term Care
National Capital Commission	Lucie Bureau	Acting Director, Planning and Federal Approvals, Capital Planning Branch
National Capital Commission	Luc Fournier	Director, Public Affairs, Public and Corporate Affairs
Ottawa Hospital Research Institute	Marisa Akow	Director, Research Administration
Ottawa Hospital Research Institute	Jennifer Ganton	Director, Communications and Public Relations
Parliament of Canada	Lucie Hargreaves	Director to the Hon. Catherine McKenna, MP for Ottawa Centre
Preston Street BIA	Lori Mellor	Executive Director
Public Services and Procurement Canada	Denis Charette	Director, Major Real Estate Development, Real Property Branch
Public Services and Procurement Canada	Jean Deschamps	Director General, Real Estate Services, Real Property Branch
Public Services and Procurement Canada	Angela Russell	Manager, Major Real Estate Development, Real Property Branch
The Ottawa Hospital	Michelle Currie	Operations Manager, Planning & Support Services
The Ottawa Hospital	Dennis Garvin	Director, Clinical Programs and Regional Cancer Program
The Ottawa Hospital	Melanie Henderson	Chair, Patient and Family Advisory Council
The Ottawa Hospital	Cameron Love	Chief Operating Officer
The Ottawa Hospital	Joanne Read	VP, Planning & Support Services
The Ottawa Hospital	Carolyn Roberts	Aboriginal Patient Nurse Navigator, Clinical Programs and Regional Cancer Program
The Ottawa Hospital	Karen Stockton	Director, Planning & Support Services
The Ottawa Hospital Foundation	Fiona Charlton	VP, Marketing & Community Engagement
The Ottawa Hospital Foundation	Tim Kluke	President & CEO
University of Ottawa	Dr. Jacques Bradwejn	Dean, Faculty of Medicine

APPENDIX B: PROPOSED PRINCIPLES FOR DEVELOPMENT OF THE NEW CAMPUS

Findings from our research indicate that there is a diversity of views on the right design for the Sir John Carling site, and that these viewpoints all find support in various sets of principles that have been advanced by key stakeholders.

The following is a non-exhaustive collection of some of these principles. More will emerge as the community engagement process unfolds:

TOH's Seven Design Principles for the New Campus

As published on The Ottawa Hospital's website[13]:

> "The 21st-century approach to health care is a decentralized model of health networks – one that places hospitals and acute care at the centre but recognizes that disease prevention and community care must come first.
>
> These draft development principles, which will be the focus of community consultations, will inform the development of a vision and design guidelines for the new Civic Campus. Collectively, these tools (principles, vision and guidelines) will be part of a planning framework that will guide and inspire the design a 21st-century hospital in Ottawa's core and how it integrates with the community.
>
> **Provide the best patient and family experience:** We will provide the highest standards of care possible for patients suffering from major trauma and acute illnesses, and recognize that we are part of a broader system where disease prevention and community care are essential components of care.
>
> **Improve health, wellness and recovery:** We will work closely with partners in health and social services to create networks of care focused on the health of populations. We will provide access to green spaces, gardens, walking and cycling paths, and quiet areas for reflection to promote and even hasten recovery. We will study healthy foods in partnership with experts from the food systems sector and other community organizations. We will emphasize with our patients the importance of nutrition and healthy eating, and how they promote wellness.
>
> **Promote innovation and research:** The future of health care is created through innovation and research. The new state-of-the-art Civic Campus will allow us to attract the best and brightest physicians, scientists and health-care professionals from around the world. This will ensure that Ottawa remains at the forefront of discoveries that are revolutionizing health care globally in the 21st century.
>
> **Educate our future talent:** Through our affiliations with our local colleges and universities, we will educate, develop and attract the finest talent in the world. This will enable us to provide world-class care to our patients, and leading-edge education and training for our future doctors, nurses and other health professionals.
>
> **Integrate with our community:** The new Civic Campus will be part of the neighbourhood – not bricks and mortar standing in isolation. It will be a campus that is respectful of, and in sync

[13] www.ottawahospital.on.ca/newcampus/development-principles_en.html

with, its community. It will be a built environment that respects human scale and the surrounding natural landscape. It will be part of a health village that offers much more than acute care.

Help sustain our environment: The new Civic Campus will be engineered into an eco-friendly, sustainable health-care centre that meets the highest environmental standards. The carbon footprint will be minimal, water will be conserved and building services will be energy efficient. Access to the campus will be supported by the city's light-rail transit system as well as other mass transit system plans and green methods of transportation. Walking and biking will reduce the number of staff and patient families using cars to drive to the health centre.

Enhance the economic engine of our community: With 12,000 employees, the hospital is the third-largest employer in Ottawa. The hospital is also a major purchaser of products and services, and generate significant direct and indirect economic benefits. The new Civic Campus will be a major economic driver for the region, during the construction phase and in years to come as an engine to attract and retain the best talent available. Through intellectual property and research discovery, we partner with the private sector to develop start-up companies, create jobs and improve the overall economic health of the National Capital Region."

National Capital Commission's Five Capital Realm Design Principles for The Ottawa Hospital

Excerpt from an NCC staff report to its Board of Directors, April 5, 2017, entitled The Ottawa Hospital Land Use and Transaction Approvals (PSPC, AAFC, NCC)[14]*:*

"As the site is designated NILM, the transaction will be subject to conditions, as part of the federal land use and transaction approvals (FLUTA) required under the *National Capital Act*. Approval conditions to be included in the transaction documents from PSPC to the Hospital shall ensure relevant capital interests and approval obligations are reflected at the appropriate stage of the site development…

The Ottawa Hospital project shall be subject to subsequent phased federal approvals, with a focus on design quality and capital realm principles (Appendix 2).

Appendix 2
NCC Capital Realm Design Principles for The Ottawa Hospital
March 2017

Capital Planning Framework: Design the new facility to enhance the Capital's symbolism, dignity and prestige. Design the site to enhance and protect nearby capital landscapes including Dows Lake and UNESCO Rideau Canal World Heritage Site, Commissioners Park, Prince of Wales scenic entry, Central Experimental Farm National Historic Site. These features will be referred to throughout this document as the nearby capital landscapes.

Design Excellence: Maintain a high level of quality, innovation, and design appropriate to the location and that reflect best practices in urban planning, architecture, landscape architecture, urban design, sustainability, universal accessibility and heritage conservation.

[14] A full description of the NCC's Principles, including sub-sections, can be found at http://greenspace-alliance.ca/wp-content/uploads/2017/01/NCC-BoD-6Apr2017-p06e-ottawa_hospital_fluta-1.pdf

Achieve design excellence through a landscape design that is in keeping with the cultural significance of the existing context and be commensurate with the location.

Heritage Conservation: Protect and enhance the heritage character of the site and its surroundings and explore opportunities to create cultural experiences based on agricultural, archaeological, historical and other cultural resources to be enjoyed, while ensuring their protection for future generations.

User/Visitor Experience and Universal Accessibility: Create the quality of the visitor experience, and the sense of place for the public realm.

Environmental Sustainability: Meet leading standards of sustainability."

Central Experimental Farm National Historic Site Management Plan

Excerpts from the Central Experimental Farm National Historic Site Management Plan[15]*:*

"Executive Summary:

The following vision statement guided the development of the Management Plan for the Central Experimental Farm:

- To sustain a cultural landscape of national historic significance through a reinvigorated and ongoing agricultural research program.

The following were more specific Management Plan objectives:

- To strengthen the research identity of the Farm, as the most important path of continuity between its past, present and future
- To develop appropriate governance models, that recognize this identity and enhance its relationship to the site
- To provide clear rules of engagement for other agencies and partners
- To ensure the commemorative and ecological integrity of the cultural landscape and its cultural and natural resources
- To interpret and present the site to the public, as a scientific landscape of national significance
- To develop appropriate patterns of access, circulation, and open space
- To establish clear and sustainable relationships with the adjacent urban context."

City of Ottawa's Official Plan and the Preston-Carling District Secondary Plan

Excerpt from the Preston Carling District Secondary Plan[16]*:*

"1.0 Introduction:

[15] Full Management Plan, including Design Guidelines (Section V.4) can be found at: www.agr.gc.ca/eng/about-us/offices-and-locations/central-experimental-farm/about-the-central-experimental-farm/central-experimental-farm-national-historic-site-management-plan-1-of-20/?id=1170695386778

[16] http://ottawa.ca/en/city-hall/planning-and-development/official-plan-and-master-plans/official-plan/volume-2a-secondary-plans/preston-carling-district-secondary-plan

The purpose of this Plan is to provide more detailed area-based policy direction to guide both public and the private development, including public realm investment, within the Preston-Carling District over the next 20 years.

3.0 Vision:

The Preston-Carling District is a place with a unique history, people, and culture, surrounded by federal government facilities, family-friendly neighbourhoods and an abundant supply of beautiful open spaces. It has become one of the most important re-urbanization areas in the city in recent years, and will over time emerge as the south-western gateway to the city's larger future downtown. With enhanced vitality and quality, the District will continue to be home to a diverse group of people, and create new opportunities for business, tourism, employment, and desirable services.

Some of the city's tallest and finest mixed-use buildings will cluster around the Carling Avenue O-Train/future light rail transit (LRT) station. These buildings will form a new, exciting, and distinctive downtown skyline with transition towards the adjacent stable low-rise residential neighbourhoods. Facing Dows Lake and the Rideau Canal World Heritage Site, one of the most significant tourism and recreation destinations in the National Capital Region, these buildings will collectively present an image that is important not only to the City but also to the entire country.

Preston Street as well as the neighbourhood known as Little Italy are defining elements of the District's identity. They will continue to be a human scale place to attract businesses, families, and facilitate social, economic, and cultural interaction and innovation. The enhanced public realm throughout the area will allow for festivals such as the traditional Italian Week to continuously celebrate the culture and people of this colourful District.

Greener and more urban, the District will see the return of large street trees that historically existed in the area and an expanded network of urban spaces. Ev Tremblay Park will be enhanced and expanded through design and extensive programming to service the existing and new residents and families. New urban squares and plazas with public arts will rhythmically dot the landscape. Continuous tree canopies will beautify the streets and create a much more pleasant and comfortable place to walk, bike, sit, and congregate. The O-Train/future LRT corridor will be managed and enhanced to re-stitch the City's urban ecological fabric that reaches from Dows Lake to the Ottawa River.

A major hub on the City's rapid transit network, accessibility and mobility will be greatly improved throughout the District. The north-south O-train will become a double-track LRT line with more frequent train services. The east-west Carling transit corridor will also be enhanced and in the long term will see an at-grade LRT. Tree-lined streets with generous sidewalks and dedicated bike lanes, multi-use pathways, new and enhanced crossings over the north-south O-Train/future LRT, mid-block passages, as well as conveniently located bicycle parking racks will make "pedestrian first" a reality and cycling a safe, convenient, efficient option for traveling. Vehicular movement will be calmed and move more slowly and accessibility for delivery and emergency services will be enhanced for businesses and residents. Public parking will be conveniently located on street and under a number of mixed-use buildings for visitors.

The Preston-Carling District has a memorable past. It is a key location for change as called for by the Official Plan and is emerging as the southern and western extent of Ottawa's downtown

area. The people and the cultural DNA that constructed the character of the neighbourhood will continue to guide the evolution of the District towards an exciting, animated, green, and highly accessible place with enhanced rapid transit services. More people will live, work, and visit this dynamic and distinctive urban destination that is important not only to the neighbourhood, but also to the City."

The Province of Ontario's Patients First: Action Plan for Health Care

Excerpts from the Patients First Action Plan[17]:

The Patients First: Action Plan for Health Care strengthens our commitment to put people and patients first by improving the health care experience.

Putting patients first

- Support Ontarians to make healthier choices and help prevent disease and illness.
- Engage Ontarians on health care, so we fully understand their needs and concerns.
- Focus on people, not just their illness.
- Provide care that is coordinated and integrated, so a patient can get the right care from the right providers.
- Help patients understand how the system works, so they can find the care they need when and where they need it.
- Make decisions that are informed by patients, so they play a major role in affecting system change.
- Be more transparent in health care, so Ontarians can make informed choices.

Pan LHIN Principles of Meaningful Engagement

Excerpt from the LHIN Community Engagement Guidelines — Revised (June 2016)[18]:

3.2 Principles of Meaningful Engagement

The effectiveness of engagement with patients, family, caregivers, and communities is related directly to how a LHIN plans, executes, and facilitates its engagement activities. The International Association for Public Participation engagement principles can be used as a resource and adapted for the purposes of providing a comprehensive framework for LHIN engagement activities.
Key LHIN-specific principles include:

1. **Informed planning and preparation**: Some planning processes require people with real-life experience of the specific health care service or disease process under consideration. Thorough and inclusive planning is needed to ensure that the design, organization, and implementation of the engagement process serve both a clearly defined purpose and participants' needs.

2. **Attention to inclusion and demographic diversity**: Participants in engagement activities should reflect the LHIN population in gender, culture, urban–rural mix, socio-economic levels, and other significant ways demographically. Consideration may need to be given to

[17] http://health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_patientsfirst.pdf

[18] See LHIN Community Engagement Guidelines at www.champlainlhin.on.ca/CE/CE_Publications.aspx

ensure that those participating in engagement initiatives do not suffer financial hardship, particularly people living in rural areas or those from lower socio-economic groups, or that lack of resources does not prevent their participation. The Health Equity Impact Assessment (HEIA) Tool may be useful in identifying unintended equity-based impacts of engagement plans and strategies.

3. **Engagement of Indigenous Peoples:** To better address the health care needs of local communities, LHINs are specifically required under LHSIA to engage Indigenous peoples. Indigenous peoples comprise First Nations, Métis, and Inuit living both on- and off-reserve, in both urban and rural areas.

4. **Engagement of the Francophone community:** LHINs also have a legislative requirement to engage the Francophone populations they serve. As identified in LHSIA and its Regulation 515/09, LHINs will receive advice from the French Language Health Planning Entities (FLHPEs) on how to engage the French-speaking community.

5. **Commitment to learning:** Facilitate open discussion, explore new ideas unconstrained by predetermined outcomes, learn and apply information in ways that generate new options, and evaluate engagement activities for effectiveness.

6. **Demonstrate trust and transparency**: Be clear about the process and follow through on commitments made to participants. Advise participants that while all input is considered, it is unlikely that all input will be directly evident in final policies or program designs.

7. **Focus on impact and action**: Ensure that each participatory effort has the potential to make a difference and that participants are aware of that potential.

8. **Sustain a participatory culture**: Promote a culture of participation with programs and institutions that support ongoing quality engagement.

APPENDIX C: THE CANADIAN OPEN DIALOGUE FORUM'S PRINCIPLES OF OPEN DIALOGUE[19]

Open dialogue processes should:

1 Prioritize design

1A Set clear goals
The goals of the process should be clear, relevant and achievable. Timelines should be realistic.

1B Choose the right process-type
Information sharing, consultation, and dialogue are different kinds of processes that are suited to different tasks. When designing a process, the process-type should fit the task.

1C Design to fit the context
Open dialogue processes are not one-size-fits-all. A single process may include multiple dialogue streams or different ways of engaging at different stages. The needs of the process change along with the context - which can also change. Every process and each stage should be designed and revised with careful attention to the surrounding circumstances and constraints, and open to adjustment as needed.

1D Set clear boundaries on decision-making
The scope or boundaries of the decisions participants are invited to consider should be clearly defined so participants know what is on the table and what is not.

1E Communicate openly and transparently
At the outset of a process, governments should ensure that relevant information is easily accessible; and they should explain how contributions and insights will be used in its own decision-making. At the close of a process, governments should report back to the public on how the results were considered and used. Governments should be willing to openly discuss the process and its design throughout.

1F Measure and evaluate effectively
Appropriate measures and indicators should be in place to assess the progress and results of a process. Governments should carefully monitor each stage of the process and be open to adjustment to ensure objectives are met.

2 Engage the community

2A Be inclusive
The range of participants should reflect and fairly represent the affected stakeholders and diversity of views and interests around the topic without discrimination.

2B Explain the process
Process leaders should explain to participants how the process will unfold, including the objectives, the participants' roles, the different stages, uses of special tools and

[19] These principles were developed through an open dialogue process at CODF's 2016 conference in Ottawa, Ontario. They can be found on the CODF website at: http://codf.ca/opendialogue

approaches, timelines, and expected outcomes.

2C Validate the process
The integrity of the process should be discussed with participants before the dialogue begins and should be revisited during the process as required.

2D Be open and respectful
Governments and participants alike should be forthright about their views, while expressing them in a respectful, honest and courteous way. Each participant should listen to and consider the views of others.

2E Make the process accessible
Barriers to participation should be removed to ensure people of all abilities, locations, and backgrounds can participate fully in the process.

3 Lead change and transformation

3A Take a government-wide approach
Governments should champion open dialogue as a key tool for transforming government and establishing a culture based on openness, learning, risk-taking, dialogue, and collaboration.

3B Commit to continuous improvement
Governments should commit to continuously improve their knowledge and skills in public engagement. They should continue to experiment with new methods and tools to increase the reach, depth and accessibility of engagement processes.

3C Provide the leadership
Open dialogue requires committed and engaged leadership. Decision-makers from both the political and public service levels have critical roles to play and they must work together to ensure a process succeeds.

3D Publicize engagement
Governments should use a variety of easy-to-access tools and channels to ensure that the public is aware of engagement opportunities that may be of interest to them.